



Ohio Occupational Therapy, Physical Therapy,  
and Athletic Trainers Board

*Occupational Therapy Section*  
*May 7, 2009*  
*9:00 a.m.*

**Members Present**

Rebecca Finni, OTR/L (left @ 3:00pm)  
Jean Halpin, OTR/L, Secretary  
Kimberly Lawler, OTR/L, Chairperson  
Nanette Shoemaker, COTA/L  
Mary Stover, OTR/L

**Staff**

Lisa Ratinaud, Enforcement Division Supervisor  
Jeffrey Rosa, Executive Director  
Andrew Snouffer, Investigator

**Legal Counsel**

Yvonne Tertel, AAG

**Guest**

Jacquelyn Chamberlain, OOTA

**Call to Order**

Kimberly Lawler, Chairperson, called the meeting to order at 9:26a.m.

The Section began the meeting by reading the vision statement.

The Occupational Therapy Section is committed to proactively:

- Provide Education to the Consumers of Occupational Therapy Services;
- Enforce Practice Standards for the Protection of the Consumer of Occupational Therapy Services;
- Regulate the Profession of Occupational Therapy in an Ever-Changing Environment;
- Regulate Ethical and Multicultural Competency in the Practice of Occupational Therapy;
- Regulate the Practice of Occupational Therapy in all Current and Emerging Areas of Service Delivery.

**Approval of Minutes**

**Action:** Jean Halpin moved to approve the March 10, 2009 minutes as corrected. Rebecca Finni seconded the motion. The motion carried.

**Administrative Reports**

**Continuing Education Report**

Nanette Shoemaker recommended that the Section approve 105 applications and deny 11 applications for contact hour approval. **Action:** Mary Stover moved to approve 105 applications for contact hour approval and deny 11 applications for contact hour approval. Kimberly Lawler seconded the motion. The motion carried.

**CE Denial Appeal**

This item was tabled until the next Section meeting.

**Licensure Report**

**Action:** Mary Stover moved that the Occupational Therapy Section ratify, as submitted, the licenses and limited permits initially issued by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board March 10, 2009 through May 7, 2009 to occupational therapists and occupational therapy assistants, pending receipt of any outstanding items and passage of the laws and rules examination, taking into account those licenses subject to discipline, surrender, or non-renewal. Kimberly Lawler seconded the motion. Nanette Shoemaker abstained from voting on the examination occupational therapy assistant application for Angela Johnson. Kimberly Lawler abstained from voting on the examination occupational therapy assistant applications for Heidi Ross and Katie Schooley. The motion carried.

**Occupational Therapist – Examination**

Boiangiu, Chanah

Carvitti, Lisa

Conrad, Joseph

Germovsek, Tracy  
Kohrman, Anne  
Mielczarek, Katherine  
Sprague, Amie  
Weber, Jessica

Hivick, Marla  
Levesque, Rebecca  
Rouse, Bryan  
Watt, Ellen  
Wegrzyn, Leanne

Jacob, Julie  
McGhee, Laura  
Savageau, Julie  
Watts, Nathan  
Wright, Kuldip

Occupational Therapy Assistant – Examination

Adkins, Sandra  
Huber, Deanna  
Lambert, Carmen  
Wagler, Serena

Blackshire, Helen  
Jeffrey, Stephanie  
Ross, Heidi

Head, Ashley  
Johnson, Angela  
Schooley, Katie

Occupational Therapist – Endorsement

Daulton, Laura  
Little, Adrienne

Freeman, Shauna  
Manning, Amy

Holman, Charlene

Occupational Therapy Assistant – Endorsement

Eshelman, Annette  
Hugill, Amanda  
Wardwell, Janelle

Foster, Lauren  
Sotak, Lynda  
Wilson, Bradley

Goldberg, Lisa  
Thorsen, Jana  
Zuniga, Robert

Occupational Therapist – Reinstatement

Canada, Amy  
Sturm, Matthew

Carter, Shawna  
Szado, Richard

Miller, Kathleen

Occupational Therapist – Limited Permit

Atkinson, Nicole

Wallen, Jessica

Occupational Therapy Assistant – Limited Permit

Bodi, Holly  
Lee, Judy

Diehl, Nancy

Evans, Kimberly

Occupational Therapy – Escrow Restoration

Newton, Jill

Zinser-Bourne, Tracy

Occupational Therapy Assistant – Escrow Restoration

Bondzio, Kathleen

The Section authorizes Mary Stover to act on behalf of the Section to approve the faculty and process for application file 4869735.

Mary Stover recommended that the Section waive the examination requirement in accordance with section 4755.09 of the Revised Code for application file # 4860070 pending the findings from the World Federation of Occupational Therapist to determine the equivalence of the Canadian Association of Occupational Therapist (CAOT) Certification Examination for occupational therapist in the comparison to the National Board for Certification of Occupational Therapy (NBCOT) Examination for occupational therapist. **Action:** Jean Halpin moved that the Section waive the examination requirement in accordance with section 4755.09 of the Revised Code for application file # 4860070 pending the findings from the World Federation of Occupational Therapist to determine the equivalence of the Canadian Association of Occupational Therapist (CAOT) Certification Examination for occupational therapist in the comparison to the National Board for Certification of Occupational Therapy (NBCOT) Examination for occupational therapist. Rebecca Finni seconded the motion. Mary Stover abstained from voting. The motion carried.

Limited License Agreements

Mary Stover informed the Section that the Bridget Barrow, OTA complied with all terms and conditions and was released from her limited license agreement.

Mary Stover recommended that, pursuant to rule 4755-3-01(F) of the Administrative Code, the Section offer a limited license agreement to occupational therapy assistant applicant 4847200. **Action:** Rebecca Finni moved that Section grant a limited occupational therapy assistant license to applicant 4847200. Nanette Shoemaker seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Mary Stover recommended that, pursuant to rule 4755-3-01(F) of the Administrative Code, the Section offer a limited license agreement to occupational therapy assistant applicant 4860785. **Action:** Rebecca Finni moved that Section grant a limited occupational therapy assistant license to applicant 4860785. Nanette Shoemaker seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

#### Wavier Requests

Mary Stover recommended that the Section grant the request to waive the continuing education requirement for the 2009 renewal for credential file number 4187695 based on the documentation presented. **Action:** Jean Halpin moved that the Section grant the request to waive the continuing education requirement for the 2009 renewal for credential file number 4187695 based on the documentation presented. Nanette Shoemaker seconded the motion. Mary Stover abstained from voting. The motion carried. The Section granted a waiver of 20 hours of continuing education for the renewal period beginning July 1, 2007 and ending on June 30, 2009 for the license expiring on June 30, 2009 for Amy Lynette Wilhite, OT. The Section recommended that Ms. Wilhite review the escrow of licensure provisions outlined in rule 4755-3-05 of the Administrative Code, which may be a better option for a long term situation.

#### Assistant Attorney General's Report

Yvonne Tertel, AAG, had no formal report for the Section.

#### Case Review Liaison report

The Enforcement Division opened three new cases and closed five cases since the March 10, 2009 meeting. There are currently seven cases open. There are eight disciplinary consent agreements and one adjudication order being monitored.

Rebecca Finni informed the Section that the following licensees complied with all terms and conditions and was released from his/her non-disciplinary consent agreement:

Ginger Harr, OTA

Jeanne Hunt, OT

Dawn Littin, OTA

#### Enforcement Actions

Rebecca Finni recommended that the Section issue a notice of opportunity for hearing for case OT-FY09-020 for working on expired limited permit. **Action:** Nanette Shoemaker moved that a notice of opportunity for hearing be issued for case OT-FY09-020 for forging a supervising occupational therapist's signature in patient records. Kimberly Lawler seconded the motion. Rebecca Finni abstained from voting. The motion carried.

Rebecca Finni recommended that the Section issue a notice of opportunity for hearing for case OT-FY09-021 for practicing with an expired license. **Action:** Jean Halpin moved that a notice of opportunity for hearing be issued for case OT-FY09-021 for practice on an expired license. Nanette Shoemaker seconded the motion. Rebecca Finni abstained from voting. The motion carried.

#### Correspondence

1. **Cheryl Emrich:** Ms. Emrich asked the Section whether an occupational therapist could write the treatment plan base solely on the non-evaluative information gathered by the occupational therapy assistant. **Reply:** In accordance with rule 4755-7-03 of the Administrative Code, the occupational therapist assumes professional responsibility for, and may not wholly delegate, any of the following: (1) interpretation of referrals for occupational therapy service; (2) interpretation and analysis for evaluation purposes; (3) and development, interpretation, and modification of the treatment/intervention plan and discharge plan. The occupational therapy assistant may contribute to and collaborate in the following: (1) the evaluation process by gathering data, administering standardized tests, and reporting observations; (2) establishing and documenting the intervention and discharge plan; and (3) choosing treatment interventions. The occupational therapy assistant may independently select treatment activities according to the intervention

plan and document progress and outcomes. In accordance with rule 4755-7-03 of the Ohio Administrative Code, it is the position of the Occupational Therapy Section that regardless of the practice setting in which services are provided the occupational therapist shall assume professional responsibility for development, interpretation, and modification of the treatment/intervention plan and the discharge plan. Occupational therapy assistants may gather and summarize objective information; however, they may not interpret this data. It is the responsibility of the occupational therapist to interpret and make recommendations. Collaboration between the occupational therapy assistant and the occupational therapist must be reflected in the patient documentation. Rule 4755-7-03 of the Ohio Administrative Code states in part that “the supervising occupational therapist shall determine the occupational therapy treatments that the occupational therapy assistant may perform. In making this determination, the supervising occupational therapist shall consider the following: the clinical complexity of the patient/client, competency of the occupational therapy assistant, the occupational therapy assistant's level of training in the treatment technique, and whether continual reassessment of the patient/client's status is needed during treatment. This rule shall not preclude the occupational therapy assistant from responding to acute changes in the patient/client's condition that warrant immediate action.” Although the rule does not specifically state that the supervising occupational therapist must work directly with the client, the therapist is responsible for the initial client assessment. It is the opinion of the Occupational Therapy Section that it would be difficult for an occupational therapist to effectively evaluate a client without direct observation and interaction, and to base the treatment plan on non-evaluative observations made by the occupational therapy assistant. The initial plan of care and long-term goals must be written by the occupational therapist, but may be in collaboration with the occupational therapy assistant. Please note that the IEP goals and objectives are written by the educational team and do not constitute the occupational therapy treatment plan. The Section recommends that Ms. Emrich contact AOTA for additional information on documentation guidelines and the components of the occupational therapy treatment plan.

2. **Holly DiCicco:** Ms. DiCicco asked the Section questions regarding the use of restraints in occupational therapy practice. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Act that addresses the use of restraints in any setting. However, as stated in the Code of Ethical Conduct established in rule 4755-7-08 of the Ohio Administrative Code, occupational therapy practitioners shall demonstrate a concern for the well-being of the recipients of their services; shall take reasonable precautions to avoid imposing or inflicting harm upon the recipients of services; and shall respect the recipient as well as the recipient's rights. Any decision for use of patient positioning must be a part of the occupational therapy evaluation and plan of care. The Occupational Therapy Section recommends that Ms DiCicco contact the Ohio Department of Health and/or facility policies to address her questions regarding extended care facilities policy about specific rules on the use of restraints.
3. **Richard Vilt:** Mr. Vilt asked the Section whether an occupational therapist could write an order for massage therapy and then co-sign for the massage therapist. **Reply:** As stated in rule 4755-7-02 of the Ohio Administrative Code, licensed occupational therapy practitioners may delegate non-treatment tasks to unlicensed personnel. Some examples of allowable delegation include department maintenance, transport of patients, preparation of work area, assisting with patient's personal needs during treatment, assisting in the construction of adaptive equipment and splints, and other clerical or administrative functions. The following all violate the Ohio Occupational Therapy Practice Act: (1) Delegating evaluative procedures; (2) Delegating treatment procedures; (3) Documenting in the client's official record; (4) Acting on behalf of the licensed occupational therapy practitioner in any matter related to occupational therapy that requires decision making. Professionals holding a license other than an occupational therapy license are considered unlicensed personnel in the provision of occupational therapy services. Therefore, the occupational therapy practitioner may not delegate the above tasks to professionals such as licensed nurses, physical therapists, physical therapist assistants, speech language pathologists, etc. Pursuant to section 4755.11 (A)(11) of the Revised Code, a licensed occupational therapist may face disciplinary action if he/she delegates the tasks indicated in rule 4755-7-02 (B) of the Ohio Administrative Code to unlicensed personnel. In direct response to Mr. Vilt's questions, an occupational therapist may refer a patient to massage therapy services as long as it not represented as occupational therapy services. Please note that the referring occupational therapist is not delegating or supervising an order for massage therapy.
4. **Anthony Lee:** Mr. Lee asked the Section questions regarding supervision and documentation requirements for occupational therapy assistants. **Reply:** It is the position of the Occupational Therapy Section that the

number of hours that an occupational therapist is on-site is not relevant. Pursuant to rule 4755-7-01 of the Administrative Code, the supervising occupational therapist must determine that the occupational therapy assistant possesses a current license to practice occupational therapy prior to allowing him or her to practice. Supervision requires initial directions and periodic inspection of the service delivery and relevant in-service training. The supervising licensed occupational therapist need not be on-site, but must be available for consultation with the occupational therapy assistant at all times. Supervision is an interactive process; simply co-signing client documentation does not meet the minimum level of supervision. Supervision must include a review of the client assessment, reassessment, treatment plan, intervention, and the discontinuation of the intervention. The occupational therapy assistant may not initiate or modify a client's treatment plan without first consulting with the supervising occupational therapist. The supervising occupational therapist must provide supervision at least once per week for all occupational therapy assistants who are in their first year of practice. Occupational therapy assistants beyond their first year of practice must be supervised at least once per month. Evidence must be established, either in the client records or in a separate document (e.g.: collaboration log), that the supervision took place.

5. **Lori Lantz:** Ms. Lantz asked the Section questions regarding whether an occupational therapist could treat a student under an IEP without being combined with other health profession services. **Reply:** The Section does not determine policy regarding how children qualify for occupational therapy services in a school setting. The Section recommends contacting the Ohio Department of Education, Office for Exceptional Children at [www.ode.state.oh.us](http://www.ode.state.oh.us). The Ohio Occupational Therapy Association's pediatrics member support group chair may be able to assist Ms. Lantz with many of her questions regarding school based Individualized Education Program (IEP) issues, as well as questions regarding funding. Ms. Lantz can contact the Ohio Occupational Therapy Association at [www.oota.org](http://www.oota.org).
6. **Jill Shemory:** Ms. Shemory asked the Section whether an occupational therapy assistant could treat a Medicare patient without the occupational therapist being on-site. **Reply:** Under rule 4755-7-01 of the Administrative Code, the supervising occupational therapist must provide supervision at least once per week for all occupational therapy assistants who are in their first year of practice. Occupational therapy assistants beyond their first year of practice must be supervised at least once per month. Evidence must be established, either in the client records or in a separate document (e.g.: collaboration log), that the supervision took place. Supervision requires initial directions and periodic inspection of the service delivery and relevant in-service training. The supervising licensed occupational therapist need not be on-site, but must be available for consultation with the occupational therapy assistant at all times. Effective January 1, 2008, the Ohio Department of Job and Family Services (JFS) adopted new rules governing Medicaid reimbursement for occupational therapy services. Rule 5101:3-8-03 (B) states that occupational therapy services described in this rule may be billed by occupational therapists in independent practice who are currently licensed and working within the occupational therapy scope of practice. Rule 5101:3-34-01.2 (B)(1) states that Medicaid providers authorized to be reimbursed for skilled therapy include a licensed occupational therapist and a licensed occupational therapy assistant under the direct supervision of a licensed occupational therapist employed by or under contract with the physician. JFS defines direct supervision to mean that the occupational therapist must be present throughout the time the occupational therapy assistant is providing the service and immediately available to provide assistance and direction throughout the time the occupational therapy assistant is performing services. It is also not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. The Section recommends that Ms. Shemory contact the Centers for Medicare and Medicaid Services (<http://www.cms.hhs.gov>) as their requirements may be more restrictive than the Ohio Occupational Therapy Practice Act.
7. **Wanda Yarnell:** Ms. Yarnell asked the Section whether there are supervision restrictions for a new licensed occupational therapy assistant. **Reply:** Pursuant to rule 4755-7-01 of the Administrative Code, the supervising occupational therapist must determine that the occupational therapy assistant possesses a current license to practice occupational therapy prior to allowing him or her to practice. Rule 4755-7-03 of the Administrative Code states that "The supervising occupational therapist shall determine the occupational therapy treatment/intervention plan that the occupational therapy assistants may implement. In making this determination, the supervising occupational therapist shall consider the following: the clinical complexity of the patient/client, competency of the occupational therapy assistant, the occupational assistant's level of training in the treatment/intervention technique, and whether continual reassessment of

the patient/client's status is needed during treatment/intervention. This rule shall not preclude the occupational therapy assistant from responding to acute changes in the patient/client's condition that warrant immediate action." Supervision requires initial directions and periodic inspection of the service delivery and relevant in-service training. The supervising licensed occupational therapist need not be on-site, but must be available for consultation with the occupational therapy assistant at all times. Supervision is an interactive process; simply co-signing client documentation does not meet the minimum level of supervision. Supervision must include a review of the client assessment, reassessment, treatment plan, intervention, and the discontinuation of the intervention. The occupational therapy assistant may not initiate or modify a client's treatment plan without first consulting with the supervising occupational therapist. The supervising occupational therapist must provide supervision at least once per week for all occupational therapy assistants who are in their first year of practice. Occupational therapy assistants beyond their first year of practice must be supervised at least once per month. Evidence must be established, either in the client records or in a separate document (e.g.: collaboration log), that the supervision took place. However, third party payer policies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act.

8. **Tracy Martin:** Ms. Lantz asked the Section questions regarding maintaining records for an occupational therapy school based practice. **Reply:** The Section does not have a policy for records retention. The Section recommends that Ms. Martin contact her legal counsel regarding an appropriate record retention policy.
9. **Nicole:** Nicole asked the Section whether the therapy aide guideline provided is in compliance with the Ohio Occupational Therapy Practice Act. **Reply:** Pursuant to rule 4755-7-02 of the Administrative Code, an occupational therapist or an occupational therapy assistant may delegate to unlicensed persons only specific tasks which are neither evaluative, task selective, nor recommending in nature, and only after ensuring that the unlicensed person has been appropriately trained for the performance of the tasks. Such tasks may include, but are not limited to: (1) Routine department maintenance. (2) Transportation of patient/clients. (3) Preparation or setting up of treatment equipment and work area. (4) Taking care of patients'/clients' personal needs during treatments. (5) Assisting in the construction of adaptive equipment and splints. (6) Clerical, secretarial, administrative activities. However, third party payer policies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act. The Section is currently reexamining the rules surrounding delegation of tasks. Please continue to check the Board website for updates.
10. **Helen Kenzig:** Ms. Kenzig asked the Section to clarify the definition of assessment verses treatment in an occupational therapy school based practice. **Reply:** The Occupational Therapy Section strongly recommends that Ms. Kenzig review the American Occupational Therapy Association practice framework at [www.aota.org](http://www.aota.org) to view the complete definitions of assessment and treatment.
11. **Amy Gongos:** Ms. Gongos asked the Section questions regarding transferring the care of an occupational therapy patient. **Reply:** It is the evaluating occupational therapist's professional responsibility to collaborate with all occupational therapy practitioners who will be supervising the occupational therapy plan of care for the patient's care. If, for any reason, the evaluating occupational therapist will no longer be available to provide and supervise the occupational therapy care, the patient must be transferred by that occupational therapist to another occupational therapist. This includes the situation where an occupational therapist is providing temporary coverage and might only evaluate a patient and then delegate treatment to an occupational therapy assistant. The occupational therapist is terminating any further professional relationship with that patient and must transfer their responsibilities to another occupational therapist. Termination of care does not include an occupational therapist taking regularly scheduled days off or job sharing. In those situations, another occupational therapist would be providing coverage or sharing the occupational therapy responsibility. Each occupational therapy practice should determine a system that will allow for this transfer of care in situations where an occupational therapist is terminating the patient/therapist relationship. That transfer of care must be documented in the patient's medical record by identifying the new occupational therapist by name, if there is an occupational therapist, or transferring to the individual responsible for management of therapy services, if there's not an occupational therapist, for reassignment. The occupational therapist who accepted the transfer of care is then responsible for supervising all aspects of the occupational therapy program that are delegated to occupational therapy personnel. If the patient is not transferred to another occupational therapist, the evaluating occupational

therapist is responsible for the overall care of the patient, including the supervision of any occupational therapy personnel providing services to that patient.

12. **Lori Christofferson:** Ms. Christofferson asked the Section whether it is in the scope of practice for occupational therapists to diagnose dyspraxia and whether the terms dyspraxia and dysgraphia are considered educational diagnosis in a school based occupational therapy practice. **Reply:** It is the position of the Occupational Therapy Section that establishing a treatment code to describe the condition the occupational therapy plan of care is addressing does fall within the responsibility of an occupational therapy practitioner as described in rule 4755-7-3(A)(3) of the Ohio Administrative Code. Please be advised that there are a large number of therapy oriented ICD-9 codes to choose from. If Ms. Christofferson doesn't find an appropriate ICD-9 code on her listing, further research is recommended to identify a more appropriate code. The Section recommends that Ms. Christofferson contact Brenda George Brodbeck, the Ohio Occupational Therapy Association's pediatrics member support group representative concerning questions about the Ohio Medicaid School Program. The Section does not determine policy regarding how children qualify for occupational therapy services in a school setting. The Section recommends contacting the Ohio Department of Education, Office for Exceptional Children at [www.ode.state.oh.us](http://www.ode.state.oh.us). It is also not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. The Ohio Occupational Therapy Association's pediatrics member support group chair may be able to assist Ms. Christofferson with many of her questions regarding school based Individualized Education Program (IEP) issues, as well as questions regarding funding. Ms. Christofferson can contact the Ohio Occupational Therapy Association at [www.oota.org](http://www.oota.org).
13. **Sandra Judnick:** Ms. Judnick asked the Section questions regarding how an occupational therapist should document a patient refusing therapy. **Reply:** In accordance with the code of ethics established in rule 4755-7-08(A)(5)(d) of the Administrative Code, it is appropriate for an occupational therapy practitioner to document the patient refusal for treatment. All occupational therapy co-signature documentation continues to be a requirement.
14. **Mary Yablonsky:** Ms. Yablonsky asked the Section whether it is in the scope of practice for an occupational therapy assistant to perform a home assessment and asked what is the difference between assessment and treatment in an occupational therapy school based practice. **Reply:** Pursuant to rule 4755-7-03 of the Administrative Code, it is the position of the Occupational Therapy Section that for home assessments, occupational therapy assistants may gather objective information and report observations, with or without the patient and/or occupational therapist being present. However, they may not interpret this data. It is the responsibility of the occupational therapist to interpret and make recommendations. The Occupational Therapy Section recommends that Ms. Yablonsky review the American Occupational Therapy Association practice framework at [www.aota.org](http://www.aota.org) for complete definitions.
15. **Pam Boothe:** Ms Boothe asked the Section questions regarding documenting the transfer of care of an occupational therapy client. **Reply:** Pursuant to rule 4755-7-08(A)(5)(c) of the Administrative Code, occupational therapy practitioners shall maintain accurate and timely documentation of occupational therapy services. If, for any reason, the evaluating occupational therapist will no longer be available to provide and supervise the occupational therapy care, the patient must be transferred by that occupational therapist to another occupational therapist. This includes the situation where an occupational therapist is providing temporary coverage and might only evaluate a patient and then delegate treatment to an occupational therapy assistant. The occupational therapist is terminating any further professional relationship with that patient and must transfer their responsibilities to another occupational therapist. Termination of care does not include an occupational therapist taking regularly scheduled days off or job sharing. In those situations, another occupational therapist would be providing coverage or sharing the occupational therapy responsibility. Each occupational therapy practice should determine a system that will allow for this transfer of care in situations where an occupational therapist is terminating the patient/therapist relationship. That transfer of care must be documented in the patient's medical record by identifying the new occupational therapist by name, if there is an occupational therapist, or transferring to the individual responsible for management of therapy services, if there's not an occupational therapist, for reassignment. The occupational therapist who accepted the transfer of care is then responsible for supervising all aspects of the occupational therapy program that are delegated to occupational therapy personnel. If the patient is not transferred to another occupational therapist, the evaluating occupational

therapist is responsible for the overall care of the patient, including the supervision of any occupational therapy personnel providing services to that patient.

16. **Betsy Bott:** Ms. Bott asked the Section whether it is in the scope of practice for an occupational therapy assistant to perform a manual muscle test and document the results in the chart. **Reply:** There is nothing in the Occupational Therapy Practice Act that would prohibit an occupational therapy assistant from performing a manual muscle test. The occupational therapy assistant must document and demonstrate competency in the technique being administered.
17. **Lori McGonagle:** Ms. McGonagle asked the Section whether the billing procedure outlined is acceptable under the Ohio Occupational Therapy Practice Act. **Reply:** It is the position of the Occupational Therapy Section that as long as the occupational therapist is accurately billing in accordance with the treatment provided, then the occupational therapist is meeting the code. However, third party payer policies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act.
18. **Michael Ruffing:** Mr. Ruffing asked the Section whether an occupational therapist can document to be assessed (TBA) for a specific self-care task, then write a goal for that specific task. **Reply:** It is the position of the Occupational Therapy Section that “TBA” is not an appropriate measurement of performance to establish an appropriate plan of care. The evaluation process and establishment of the plan of care must be completed by an occupational therapist.
19. **Erin Henshaw:** Ms. Henshaw asked the Section whether it is in the scope of practice for an occupational therapy practitioner to turn off/on a tube feeding for a patient during an intervention. **Reply:** In accordance with section 4755.04 (A) of the Ohio Revised Code, it is the position of the Occupational Therapy Section that occupational therapy practitioners may turn off/on a tube feeding provided the therapist demonstrates and documents the appropriate knowledge, skills, and ability in the treatment(s) being performed and is practicing within the occupational therapy scope of practice.
20. **Brenda Brodbeck:** Ms. Brodbeck asked the Section questions regarding whether it is appropriate for an occupational therapist to use the IEP to document the occupational therapy goals, progress and discharge summaries. **Reply:** The Section requested more information from Ms. Brodbeck regarding her questions.
21. **Marie Berchak:** Ms. Berchak asked the Section questions regarding whether it is in the scope of practice for an occupational therapy assistant to adjust the occupational therapy treatment plan. **Reply:** Rule 4755-7-03 of the Ohio Administrative Code states in part that “the supervising occupational therapist shall determine the occupational therapy treatments that the occupational therapy assistant may perform. In making this determination, the supervising occupational therapist shall consider the following: the clinical complexity of the patient/client, competency of the occupational therapy assistant, the occupational therapy assistant's level of training in the treatment technique, and whether continual reassessment of the patient/client's status is needed during treatment. This rule shall not preclude the occupational therapy assistant from responding to acute changes in the patient/client's condition that warrant immediate action.” The occupational therapist is responsible for the overall care of the patient, including the supervision of any occupational therapy personnel providing services to that patient. Acute changes warranting immediate action is referenced to an emergency response.

#### **OT/PT Joint Correspondence**

- JB1. Tamara Taylor:** Ms. Taylor asked the Sections whether it is acceptable for a rehab tech to perform therapeutic exercise for occupational and physical therapy. **Reply:** For physical therapy, rule 4755-27-01 of the Administrative Code defines unlicensed personnel in supporting the delivery of physical therapy services, and rule 4755-27-03 of the Administrative Code describes the duties that may be assigned. The rule on delegation to unlicensed personnel is intended to limit the involvement of unlicensed personnel in direct patient care to assisting the physical therapist or physical therapist assistant as “a second pair of hands on the same patient.” For example, the unlicensed aide may assist a physical therapist or physical therapist assistant in transferring a patient who requires the support of two people for a safe transfer, or the unlicensed aide may guard a patient while the therapist steps back to assess the patient’s gait pattern. It is NOT intended that unlicensed personnel provide therapeutic exercise under line-of-sight supervision of the physical therapy practitioner. Although some insurers do permit billing for direct patient services provided by unlicensed personnel, these services are not permitted under Ohio laws governing physical therapy. As stated in rule 4755-7-02 of the Ohio Administrative Code, licensed occupational therapy practitioners may

delegate non-treatment tasks to unlicensed personnel. Some examples of allowable delegation include department maintenance, transport of patients, preparation of work area, assisting with patient's personal needs during treatment, assisting in the construction of adaptive equipment and splints, and other clerical or administrative functions. The following all violate the Ohio Occupational Therapy Practice Act: (1) Delegating evaluative procedures; (2) Delegating treatment procedures; (3) Documenting in the client's official record; (4) Acting on behalf of the licensed occupational therapy practitioner in any matter related to occupational therapy that requires decision making. Professionals holding a license other than an occupational therapy license are considered unlicensed personnel in the provision of occupational therapy services. Therefore, the occupational therapy practitioner may not delegate the above tasks to professionals such as licensed nurses, physical therapists, physical therapist assistants, speech language pathologists, etc. Pursuant to section 4755.11(A)(11) of the Revised Code, a licensed occupational therapist may face disciplinary action if he/she delegates the tasks indicated in rule 4755-7-02(B) of the Ohio Administrative Code to unlicensed personnel.

- JB2. Tami Domka:** Mr. Garvin asked the Sections question regarding appropriate billing for a Medicare A patient who is co-treated by occupational and physical therapists. **Reply:** It is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. The Occupational Therapy Section recommends that Ms. Domka contact the Centers for Medicare and Medicaid Services (CMS) or her specific insurance company regarding their guidelines pertaining to billing for Medicare A patients. The Physical Therapy Section suggests that Ms. Domka refer to Medicare rules or other payer policies to answer her specific question. The MDS Coordinator within her facility should have an MDS 2.0 Manual that describes therapy minutes – the same minutes of therapy for one patient cannot be counted more than once, even if both physical and occupational therapy are provided during that time.
- JB3. Email Correspondent:** Email Correspondent asked the Sections questions regarding terminating occupational and physical therapy services. **Reply:** The Section referred this Question to the Enforcement Division to respond.
- JB4. Mindy Lankenau:** Ms. Lenkenau asked the Sections a question regarding an aide can provide occupational and physical therapy services within a direct line of sight of an occupational or physical therapy practitioner. **Reply:** Regardless of insurance policies, rule 4755-27-03 of the Ohio Administrative Code does not permit physical therapists to delegate patient care activities to unlicensed personnel. The involvement of unlicensed personnel in direct patient care is limited to assisting the physical therapist or physical therapist assistant as “a second pair of hands on the same patient.” For example, the unlicensed aide may assist a physical therapist or physical therapist assistant in transferring a patient who requires the support of two people for a safe transfer, or the unlicensed aide may guard a patient while the therapist steps back to assess the patient's gait pattern. It is NOT intended that unlicensed personnel provide components of physical therapy treatment while under line-of-sight supervision. Therefore, activities of an aide may not be counted in MDS minutes in Ohio since those activities cannot be documented as physical therapy. As stated in rule 4755-7-02 of the Ohio Administrative Code, licensed occupational therapy practitioners may delegate non-treatment tasks to unlicensed personnel. Some examples of allowable delegation include department maintenance, transport of patients, preparation of work area, assisting with patient's personal needs during treatment, assisting in the construction of adaptive equipment and splints, and other clerical or administrative functions. The following all violate the Ohio Occupational Therapy Practice Act: (1) Delegating evaluative procedures; (2) Delegating treatment procedures; (3) Documenting in the client's official record; (4) Acting on behalf of the licensed occupational therapy practitioner in any matter related to occupational therapy that requires decision making. Professionals holding a license other than an occupational therapy license are considered unlicensed personnel in the provision of occupational therapy services. Therefore, the occupational therapy practitioner may not delegate the above tasks to professionals such as licensed nurses, physical therapists, physical therapist assistants, speech language pathologists, etc. Pursuant to section 4755.11(A)(11) of the Revised Code, a licensed occupational therapist may face disciplinary action if he/she delegates the tasks indicated in rule 4755-7-02(B) of the Ohio Administrative Code to unlicensed personnel.
- JB5. Tim McIntire:** Mr. McIntire asked the Sections whether it is in the scope of practice for an occupational therapy assistant or physical therapist assistant to write a telephone order to continue an existing/established plan of care. **Reply:** It is the position of the Physical Therapy Section that the physical therapist assistant may record a physician's telephone order in the patient's record. However, the physical

therapist is ultimately responsible for receiving and accepting the directive or order, which may include “putting their signature on a physician’s order.” Rule 4755-27-02 of the Ohio Administrative Code states: “The physical therapist shall perform personally the following activities, which may not be delegated, regardless of the setting in which the service is given: interpretation of physician referrals, initial patient evaluation; initial and ongoing treatment plan of care development, periodic re-evaluation of the patient and adjustment of the plan of care and discharge evaluation.” Therefore, only the physical therapist may write the clarification of the plan of care or extension of the plan of care. In addition, while the physical therapist may give direction via telephone to a physical therapist assistant to revise a plan of care based on a verbal or telephone order from a referring practitioner, it is the position of the Physical Therapy Section that a supervising physical therapist should be available to document physical therapist-directed adjustments to the plan of care. It is the position of the Occupational Therapy Section that individuals other than an occupational therapist are not prohibited from receiving verbal or telephone orders, Pursuant to rule 4755-7-03(A)(1) of the Administrative Code, an occupational therapist shall assume professional responsibility and shall not wholly delegate, interpretation of referrals or prescriptions for occupational therapy services regardless of the setting in which the services are provided. However, the Sections recommend that Mr. McIntire communicate with the facility and payer to determine if they have requirements that are more restrictive than the Ohio Occupational and Physical Therapy Practice Acts.

**JB6. Alexsandra Davis:** Ms. Davis asked the Sections whether it is in the scope of practice for an occupational and physical therapist to provide wound care and suture removal and apply a dressing. **Reply:** It is the position of the Physical Therapy Section that physical therapy includes wound care with appropriate dressing and administration of topical drugs as directed by the referring physician. There is also nothing in the Ohio Physical Therapy Practice Act that prohibits a physical therapist from removing sutures or clips, and placing steri-strips on an incision provided that the physical therapist has received training and demonstrated competence in this procedure. The physical therapist may delegate these components of care to a physical therapist assistant so long as both the physical therapist and the physical therapist assistant have received training and demonstrated competence in these procedures. In accordance with section 4755.04 (A) of the Ohio Revised Code, it is the position of the Occupational Therapy Section that occupational therapy practitioners may perform wound care, dressing treatment, and/or suture removal provided the therapist demonstrates and documents the appropriate knowledge, skills, and ability in the treatment(s) being performed and is practicing within the occupational therapy scope of practice.

**JB7. Meredith Baker:** Ms. Baker asked the Sections whether there are caseload requirements for occupational and physical therapy practitioners. **Reply:** Pursuant to rule 4755-7-01 of the Administrative Code, when maintaining a separate caseload, a full-time equivalent occupational therapist may supervise no more than four full-time equivalent limited permit holders and/or occupational therapy assistants. If the occupational therapist is only providing client evaluations and supervision and does not have a separate caseload, the occupational therapist may supervise six full-time equivalent limited permit holders and/or occupational therapy assistants. The number of limited permit holders and/or occupational therapy assistants that a part-time occupational therapist may supervise is proportionate to the number of hours worked by the part-time occupational therapist. Other than these requirements, the Ohio Occupational Therapy Practice Act does not specify the number of clients that can be on a licensee’s caseload. Although a specific caseload limit does not exist, the occupational therapist must provide appropriate supervision and assure that treatments are rendered according to safe and ethical standards and in compliance with rule 4755-7-08 of the Administrative Code, which states that “occupational therapy practitioners shall provide adequate supervision to individuals for whom the practitioners have supervisory responsibility.” In accordance with the section 4755.11(A)(17) of the Revised Code, an occupational therapy practitioner may be subject to disciplinary action for departure from, or the failure to conform to, minimal standards of care required of licensees for limited permits holders, whether or not actual injury to a patient is established. Furthermore, pursuant to the occupational therapy code of ethical conduct established in rule 4755-7-08(A) of the Administrative Code states: (1)(c) Occupational therapy practitioners shall make every effort to advocate for clients to obtain needed services through available means. (2)(e) Occupational therapy practitioners shall protect the public by reporting any conduct that they consider unethical, illegal or incompetent relating to the practice of occupational therapy to the occupational therapy section of the Ohio occupational therapy, physical therapy and athletic trainers board. The Ohio Physical Therapy Practice Act does not regulate caseload levels. However, the Physical Therapy Section expects the physical therapist and physical therapist assistant to provide appropriate patient care based on the unique needs of the clients, taking into

account the complexity of the patient population. The ultimate responsibility for care of the patient lies with the evaluating physical therapist, so the first recourse of physical therapist assistants should be to alert the supervising physical therapist if the caseload or MDS minutes assigned cannot be appropriately managed. It is the position of the Physical Therapy Section that neither a physical therapist nor a physical therapist assistant should provide care for a higher number of patients or treatment minutes than that for which skilled care by licensed practitioners can be delivered. Therefore, the number of clients being treated concurrently should not exceed the number that one professional can be expected to monitor for response to treatment and client ability to complete the activity in a safe and effective manner. The code of ethical conduct for physical therapists and physical therapist assistants, established in rule 4755-27-05 of the Ohio Administrative Code, requires that "A licensee shall respect the rights and dignity of all patients" and "shall be guided by concern for the physical, psychosocial, and socioeconomic welfare of patients." The code of ethical conduct rule further states that "A licensee, regardless of the practice setting, shall maintain the ability to make independent judgments and shall safeguard the public from unethical and unlawful business practices." The rule also includes a requirement for ethical conduct and states that "Ethical conduct includes conforming to the minimal standards of acceptable and prevailing physical therapy practice." Since the physical therapist has ultimate responsibility for all care and services delivered as physical therapy, the physical therapist must assure that the treatments are rendered according to safe and ethical standards. In addition, rule 4755-27-05 of the Ohio Administrative Code states that an individual licensed by the physical therapy section has a responsibility to report any organization or entity that provides or holds itself out to deliver physical therapy services that places the licensee in a position of compromise with the code of ethical conduct. The Section recommends that Ms. Baker contact her third party payers regarding their policies related to billing criteria. The therapist must comply with payer policies, such as not billing in a Part-B environment for one-on-one procedures for more than one patient at a time being treated by any one practitioner. While Part-A rules do allow concurrent patient treatment, the criterion for counting that treatment in MDS minutes is that skilled care is being provided to each patient.

- JB8.** **Cynthia Baker:** Ms. Baker asked the Sections whether it is more appropriate for an occupational therapist or physical therapist to provide supervision for participants completing a PAMPCA course for physical agent modalities. **Reply:** Physical therapists and physical therapist assistants are educated in their entry-level programs to treat patients with physical agents and require no further certification. The Physical Therapy Section has no jurisdiction over the physical modality certification process for an occupational therapist. In accordance with section 4755.04(A) of the Ohio Revised Code, it is the position of the Occupational Therapy Section that occupational therapy practitioners may use physical agent modalities in the provision of occupational therapy services provided that the occupational therapy practitioner demonstrates and documents competency in the modality, in accordance with rule 4755-7-08 of the Administrative Code, and is practicing within the occupational therapy scope of practice. It is not under the jurisdiction of the Occupational Therapy Section of the Board to determine who is qualified to supervise for the specified requirement of a PAMPCA course.
- JB9.** **Gerard Eusebio:** Mr. Eusebio asked the Sections whether a physical therapist assistant could perform plan of care treatments in a home health setting while an occupational therapist is completing a home evaluation. **Reply:** Since a physical therapist assistant cannot be supervised by an occupational therapist, the presence of an occupational therapist in the home has no bearing on the role of the physical therapist assistant. It is the position of the Physical Therapy Section that a physical therapist assistant may go into the patient's home, without the patient, to perform an environmental survey (i.e. architectural barriers, floor plan of home, etc.). If the patient is going into his/her home environment and his/her function in the home is being observed and assessed, this assessment must be performed by a physical therapist. A physical therapist assistant may not initiate physical therapy in the home without a physical therapist having evaluated the patient's function in the home. Therefore, in the situation Mr. Eusebio described, the physical therapist assistant may accompany the occupational therapist and patient to collect environmental information for use by the supervising physical therapist but may not treat the patient since that would involve evaluating the patient's ability to function in the home.
- JB10.** **Lois Bokman:** Ms. Bokman asked the Section questions regarding the occupational and physical therapy funding for caps for Medicare Beneficiaries under the Fiscal Year 2010 Budget. **Reply:** The document that Ms. Bokman referenced is a news release by Maryann DiGiacomo from the American Physical Therapy Association. This does not fall under the purview of the Ohio Occupational Therapy, Physical Therapy, and

Athletic Trainers Board. For any clarification Ms. Bokman will need to contact Ms. DiGiacomo at the phone number or email address given. Ms. Bokman may also wish to contact the American Occupational Therapy Association's Legislative Action Center and/or Medicare for further information.

### **Old Business**

#### **Occupational Therapy Jurisprudence Examination Revisions**

The Section will make additional revisions to the jurisprudence examination. The Section will finalize the jurisprudence examination at the July Section meeting.

#### **Supervision and Delegation Rules Restructuring**

The Section members will continue to work on the draft and will review further updates at the July Section meeting.

#### **Medical Diagnosis**

This item was tabled until the next Section meeting.

### **New Business**

#### **Retreat Planning**

The Section identified the following retreat topics: supervision/delegation rule restructuring, review potential changes to the Code of Ethics. The retreat will be held from 9:00 am to 3:00pm.

#### **OTA Presentation Planning**

The Section's deadline to submit the presentation slides to Jean Halpin is June 15, 2009.

#### **Discussion on Questions from Board Sponsored CE Presentation**

The Section provided the Enforcement Division Supervisor with responses from questions asked at the Board Sponsored CE presentation held on April 16, 2009. The Section will add the medical diagnosis response from the March 10, 2009 Section meeting to the standard responses.

#### **OT/PT School Based Institute – Board Information Booth**

The Section will have an independent booth at the OT/PT School Based Institute which will be held on August 10 – 11, 2009. Mary Stover will coordinate the Section's involvement with this event.

#### **Ohio Department of Mental Health Rules**

The Executive Director reviewed the Mental Health rules and will send a letter to the Ohio Department of Mental Health to request clarification on the proposed language.

### **OTA Report**

Jacquelyn Chamberlain reported that the OOTA Board will meet on May 16, 2009. The OOTA Conference is scheduled for November 5-6, 2009. The Occupational Therapy Section will give a presentation at the OOTA Conference.

### **Items for Next Meeting**

- Finalize Ohio Jurisprudence Exam Revisions
- Medical Diagnosis
- Finalize Supervision and Delegation Rules Restructuring
- OOTA Presentation Planning

### **Next Meeting Date**

The next meeting date of the Occupational Therapy Section is scheduled for Tuesday, July 7, 2009.

**Action:** Nanette Shoemaker moved to adjourn the meeting. Kimberly Lawler seconded the motion. The motion carried. The meeting adjourned at 4:10 p.m.

Respectfully submitted,  
*Diane Moore*

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Kimberly Lawler, OTR/L, Chairperson  
Ohio Occupational Therapy, Physical Therapy,  
and Athletic Trainers Board, OT Section

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Jean Halpin, OTR/L, Secretary  
Ohio Occupational Therapy, Physical Therapy,  
and Athletic Trainers Board, OT Section

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Jeffrey M. Rosa, Executive Director  
Ohio Occupational Therapy, Physical Therapy,  
and Athletic Trainers Board

**JH:jmr:dm**